


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 005 ***150.00

DOCUMENT # G26242
 1. Entity Name
 SHORELINE MARINE CONSTRUCTION COMPANY



Principal Place of Business: 1101 1ST STREET SW, RUSKIN, FL 33570 US
 Mailing Address: PO BOX 945, RUSKIN, FL 33570 US

2. Principal Place of Business - No P.O. Box #: 1101 1st Street SW, Ruskin FL
 3. Mailing Address: P.O. Box 945, Ruskin FL

City & State: 33570 US
 City & State: 33575 US



01102008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 WILLIAMS, WILLIAM R PRES
 3273 SHERMAN STREET
 ENGLEWOOD, FL 34224

4. FEI Number: 59-2265368
 Applied For: Not Applicable

7. Name and Address of New Registered Agent
 Name: William R Williams
 Street Address (P.O. Box Number is Not Acceptable): 6339 Cottonwood Ln
 City: Apollo Beach FL Zip Code: 33572

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP	NAME: WILLIAMS, WILLIAM R	STREET ADDRESS: 3273 SHERMAN STREET	CITY-ST-ZIP: ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete
TITLE: DSDT	NAME: WILLIAMS, LINDA C.	STREET ADDRESS: 3273 SHERMAN STREET	CITY-ST-ZIP: ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete
TITLE: D	NAME: HUMZIKER, WALTER F	STREET ADDRESS: 1819 LAUREL OAK DRIVE	CITY-ST-ZIP: VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE: DVP	NAME: WHEATON, EDWARD D	STREET ADDRESS: 10402 BRUSHFIELD ST	CITY-ST-ZIP: RIVERVIEW, FL 33569	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like emp...

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR